

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2													
3													
4													
5													
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43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	28												
TOTAL DEP.	167												
TOTAL CLAIMS	195												
51													
52													
53													
54													
55													
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57													
58													
59													
60													
61													
62													
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93													
94													
95													
96													
97													
98													
99													
100													
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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							APPLICANT(S) _____						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3		1					53	1					
4		1					54		1				
5		1					55		1				
6		1					56	1					
7		4x					57		1				
8		4x					58	1					
9		4x					59		1				
10		4x					60		1				
11		4x					61		1				
12		4x					62	1					
13		4x					63	1					
14		4x					64		1				
15		4x					65		1				
16		4x					66	1					
17		4x					67		1				
18		4x					68		1				
19		4x					69		1				
20		4x					70	1					
21		4x					71	1					
22	1						72		2				
23		1					73		2				
24		1					74	1					
25		5x					75	1					
26		4x					76	1					
27		4x					77	1					
28		4x					78	1					
29		4x					79		1				
30		1					80		1				
31		1					81		3				
32		1					82		3				
33		1					83		3				
34		1					84	1					
35		1					85		1				
36		1					86		1				
37		1					87		3				
38		1					88		3				
39		1					89		1				
40	1						90		1				
41		1					91		1				
42		1					92		1				
43		1					93		1				
44		1					94		1				
45	1						95		3				
46		1					96		3				
47		1					97		1				
48	1						98	1					
49		1					99		1				
50		1					100		1				
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS							TOTAL CLAIMS						

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